side of a wagon. His hereditary antecedents and personal habits were irreproachable, and the disease was clearly traceable to the traumatism. The injury was received February 28, 1887, and death occurred from exhaustion, September 16, 1887, giving a period much under the usual duration. Dr. Arnaud's article is an account of the autopsy, which fully confirmed the diagnosis.

The second case was that of a mechanic who was struck by a ball of globular lightning during a severe thunderstorm. In this case, as in so many where the disease is dated from a fixed time, the traumatism appears to have been merely the shock necessary to light up into activity the disease which had existed in a dormant state for some months.

The third case is the most interesting of all; the patient received a blow on the left forearm, injuring the ulnar nerve, and followed by muscular atrophy. Mental troubles came on after the accident, and a well marked case of general paralysis developed. Here the general paralysis was directly due to the traumatism, and the case is of great interest from the exactness with which it was possible to show the origin of the disease. W. N.

Ueber das melancholische Anfangsstadium der Geistesstörungen. LUDWIG SCHIRMEYER. Inaug. Dis., Strassburg, 1886.

The author tabulates statistics of 290 cases (melancholia 98, mania 69, paranoia (*Verrücktheit*) 88, feeble-mindedness (*Schwachsinn*) 20, distraction (*Verwirrtheit*) 15) in order to determine the frequency of a beginning in melancholia. Counting in the melancholiacs, less than one-half of all showed a depressed first stage; throwing out the melancholiacs (except some cases not fully observed), the proportion is only about one-fourth. Taken separately the proportions were, mania about one-third (or excluding certain cases for cause, about one-fourth), paranoia a little more than one-seventh, feeble-mindedness one-fourth, distraction over one-third. The melancholiac terminal stage, defended by some, was found in but few cases. Insanities are often preceded by conditions of ill-feeling, but this is by no means the melancholia of the alienist. The author's figures bring him into agreement with Witkowski, and into opposition with Arndt. The statistics are preceded by an extended summary of previous opinions.

Ueber Bewusstseinsstörungen und deren Beziehungen zur Verrücktheit und Dementia. Dr. J. ORSCHANSKY. Archiv f. Psychiatrie, Bd. XX, H. 2.

The author points out in a group of psychic conditions, variously named by various authors (*Verwirrtheit*, Wille; *la démence*, Esquirol; *acuter hallucinatorischer Wahnsinn*, Meynert; *acute primäre Verrücktheit*, Westphal; *acuter sensueller Wahnsinn*, Schüle; dreamy-condition of different authors) a common element, to wit, a deep obscuration of consciousness, or an "ataxy in the psycho-physic sphere." In a typical case the patient is cloudy in his conception of himself; the bounds of his *ego* and the non-*ego* are obscured; his notions of time and space are uncertain; memory images and acquired associations are weakened or lost; if at times he is able to recognize his surroundings, he is not able to connect the impression of them with similar impressions before received. As a consequence,

right perception and logical framing of ideas are out of the question. In the fields of volition and emotion the obscuration is as great. With its depth the expression of it changes from a simple dazed condition to one resembling coma. Upon this simple background may appear illusions, hallucinations, and delusions to such a degree as to color the whole; and since the condition frequently enters only as a stage in a complicated psychosis, it is apt to be still further overlaid by the residua of delusions from earlier stages; whence its confusion with primary dementia and paranoia, the two extremes between which it varies. A typical case begins and ends with periods of disturbance of consciousness passing through a delirious stage between the two, and having a favorable prognosis in proportion as the obscuration of consciousness is deep. For the author, as for Wundt, consciousness has a functional side, and it is by no means simple. It involves the regulative ideas of the *ego*, cause, time and space, etc., and by its complexity makes possible a "change of consciousness as a whole, which to a certain extent is independent of the quantitative and qualitative change of the elements of consciousness, as also of the psychic function, *i. e.* of the framing and working over of ideas."

Klinische Beiträge zur Kenntniss der generellen Gedächtnissschwäche. Dr. C. S. FREUND. Archiv f. Psychiatrie, Bd. XX, H. 2.

The author has observed two cases of pathological weakness of memory. Both were women, one 52, the other 65; both had suffered severe nervous troubles from alcoholic excess, leading up to psychical disturbances, after which the chief remaining symptom was the weakness of memory, complicated in one case by senile dementia. In both the sensorium was clear of hallucinations and sense illusions, apperception little affected, and untroubled by delusions; bodily disease was absent, except in one, whose trouble was tabetic. The memory of things in early life (before 30 in the first, before 20 in the other) was much better than for recent events. The first could not remember her own bed, nor the day of the week, nor, after a few hours, whether or not she had dined. She forgot repeatedly the name and use of a stethoscope that was shown to her and explained; she could only repeat phrases of some length when spoken slowly and distinctly and perhaps repeated. Similarly with tunes, and the first tune of several seemed best remembered. She could multiply numbers, but forgot the examples; she could, however, remember a number over a period of conversation about other things. She showed also illusions of memory. Her power to write was not affected. In the second case, however, this was an interesting feature. In spontaneous writing she repeated words in whole or in part, together with parts of words to follow, before getting the latter written correctly. She had difficulty in recalling the capital letters, though what was at the instant forgotten often returned later. Writing from a copy became almost free of errors when she spelled the words aloud as she wrote. Writing from dictation was worst of all. In the dictated alphabet errors seemed to occur in proportion to speed. The patient could recognize errors, and the disturbances varied with her power of memory. That sufficed for her to spell polysyllabic words orally, but not to write them, and in spelling she was apt to add letters after completing the word. In other particulars she resembled the first case.